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REISSUE LITIGATION

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U.S. PTO
08/17/52759
12/28/00Please type a plus sign (+) inside this box → PTO/SB/50 (08-00)
Approved for use through 12/30/2000 OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	12665.46
	First Named Inventor	Biggs, Jr. et al.
	Original Patent Number	5,323,448
	Original Patent Issue Date (Month/Day/Year)	June 21, 1994
	Express Mail Label No.	EL418585502US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Express Mail Certificate		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)	14. Other:		

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>	
Name	David L. McCombs	
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	214-651-5533	Fax

NAME (Print/Type)	David L. McCombs	Registration No. (Attorney/Agent)	32,271
Signature		Date	12-27-00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

REISSUE LITIGATION

PTO/SB/56 (08-00)

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U S Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
12665 .46

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 27	**** 7 =	x \$ 9 =	63	or	x \$ _____ =
(C) 8	Independent claims (37 CFR 1.16(i))	(D) 14	* 11 =	x \$ 40 =	440		x \$ _____ =
							\$ _____
Basic Fee (37 CFR 1.16(h))				\$ 355		OR \$	
Total Filing Fee				\$ 858			

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			
Total Additional Fee				\$		OR \$		

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

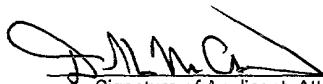
*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-1394. A duplicate copy of this sheet is enclosed. A check in the amount of \$ 858.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**12-27-00

Date


Signature of Applicant, Attorney or Agent of RecordDavid L. McCombs, Reg. No. 32,271

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REISSUE LITIGATION

In re application of: § Docket Number: 12665.46
Biggs, Jr. et al. §
Serial No.: Re-Issue of USP 5323448 §
Filed: Herewith §
For: SYSTEM FOR ACCESSING AMENITIES §
THROUGH A PUBLIC TELEPHONE §
NETWORK §

BOX REISSUE
Commissioner for Patents
Washington, D.C. 20231

EXPRESS MAIL CERTIFICATE

Express Mail Number: EL418585502US

Date of Deposit: 12/28/00

I hereby certify that the following attached papers and fee:

Reissue Patent Application Transmittal; Reissue Application; Reissue Application Fee
Transmittal in duplicate; Consent of Assignee and Offer to Surrender Patent by Assignee;
Reissue Application Declaration by Assignee; Statement of status/support of changes to
claims; a check in the amount of \$858.00; and return postcard are being deposited with
United States Postal Service "Express Mail Post Office to addressee" to the Commissioner for
Patents, Washington, D. C. 20231.

Gayle Conner

Typed or Printed Name

Gayle Conner

Signature

12/28/00

Date

d-811307.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Applicant: Biggs, Jr. et al. § **Atty. Docket No.:** 12665.46
§
Application No.: Reissue of US Patent 5,323,448 §
§
Filed: Herewith §
§
For: SYSTEM FOR ACCESSING AMENITIES §
THROUGH A PUBLIC TELEPHONE §
NETWORK §

**STATEMENT OF STATUS/SUPPORT FOR ALL CHANGES TO CLAIMS
UNDER 37 CFR 1.173(c)**

BOX REISSUE
Commissioner For Patents
Washington, D.C. 20231

Dear Sir:

Claims 1-27 are pending in the above-identified re-issue application based upon United States Patent Number 5,323,448. Claims 1 and 18 have been amended and Claims 21-27 have been added based upon the originally patented Claims as follows:

Claim 21 is based upon Claim 1;
Claims 22 and 23 are based upon Claim 2;
Claim 24 is based upon Claim 5;
Claim 25 is based upon Claim 8;
Claim 26 is based upon Claims 18 and 19; and
Claim 27 is based upon Claim 20.

Support in the disclosure of the patent for changes made to Claims 1 and 18 can be found at column 5, lines 10-22. Additional support in the disclosure of the patent for newly added Claims 21-27 can be found at column 7, lines 8-33 and in Figs. 1, 3 and 8 illustrating the PBX 12 and switching network 22.

Respectfully submitted,

David L. McCombs

Registration No. 32,271

Dated: December 28, 2000

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d-852944.1

EXPRESS MAIL NO.: EL418585502US DATE OF DEPOSIT: December 28, 2000

This paper and fee are being deposited with the U.S. Postal Service Express Mail Post Office to Addressee service under 37 CFR §1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231

Gayle Conner

Name of person mailing paper and fee _____ Signature of person mailing paper and fee _____